

United States District Court
NORTHERN DISTRICT OF CALIFORNIA

LOGANAYAGAM JEYANAYAGAM

E-Filing

SUMMONS IN A CIVIL CASE

CASE NUMBER:

V.

EMILIO T. GONZALEZ, Director of the United
States Citizenship and Immigration Services (see
attachment for remainder of Defendants)

C

07

3748

TO: (Name and address of defendant)

WHA

EMILIO T. GONZALEZ
Director of the United States Citizenship and Immigration Services
20 Massachusetts Avenue, N.W.
Washington, DC 20529
(see attachment for remainder of Defendants)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Audra R. Behne
Law Offices of Audra R. Behne, PC
14724 Ventura Boulevard, 2nd Floor
Sherman Oaks, CA 91403

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

DATE 09/06/2007

MARY ANN BUCKLEY

(BY) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE
Name of SERVER Audra R. Behne	TITLE Attorney

Check one box below to indicate appropriate method of service

- ☐ Served Personally upon the Defendant. Place where served:
-
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
 Name of person with whom the summons and complaint were left:
-
- ☐ Returned unexecuted:
-
- ☐ Other (specify): Sent via certified mail, return receipt. See attached receipt.

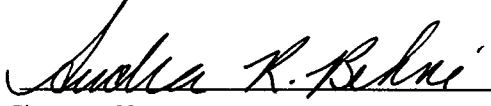
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
\$0	\$0	\$0

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 9-5-07
Date


Signature of Server
 14724 Ventura Boulevard, 2nd Floor
 Sherman Oaks, CA 91403
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

TITLE OF ACTION (Defendants Continued)

ROSEMARY MELVILLE, District Director of the San Francisco District Office for the United States Citizenship and Immigration Services; UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES; MICHAEL CHERTOFF, Secretary of the Department of Homeland Security; ALBERTO GONZALES, United States Attorney General; ROBERT MUELLER, Director of the Federal Bureau of Investigations; and FEDERAL BUREAU OF INVESTIGATIONS

TO: (Name and address of defendant) (Continued)

Rosemary Melville
District Director of the San Francisco District Office
United States Citizenship and Immigration Services
630 Sansome Street
San Francisco, CA 94111

Honorable Michael Chertoff
Secretary
Department of Homeland Security
Washington, DC 20528

Honorable Alberto Gonzales
United States Attorney General
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

Robert Mueller
Director
Federal Bureau of Investigations
J. Edgar Hoover Building
935 Pennsylvania Avenue, N.W.
Washington, DC 20535

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
Office of the United States
Attorney
1301 Clay Street, Suite 3405
Oakland, CA 94612

Re: Jeyanayagam v. Gonzalez, et al.

2. Article Number

(Transfer from service label)

7006 2150 0000 7134 2482

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Padoc Beligya

C. Date of Delivery

7/27/07

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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OAKLAND, CA 94612

OFFICIAL USE

7006 2150 0000 7134 2482

Postage	\$ 2.50	0101
Certified Fee	\$ 2.65	05
Return Receipt Fee (Endorsement Required)	\$ 2.15	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.30	07/25/2007

Postmark
Here

Sent To
Civil Process Clerk/Office of the United States Attorney
Street, Apt. No.,
or PO Box No. 1301 Clay Street, Suite 3405
City, State, ZIP+4 Oakland, CA 94612

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emilio T. Gonzalez
Director of the United States
Citizenship and Immigration
Services

20 Massachusetts Avenue, NW
Washington, DC 20529

Re: Jeyanayagam v. Gonzalez, et al.

2. Article Number

(Transfer from service label)

7006 2150 0000 7134 2475

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

D/KS

C. Date of Delivery

8-8-07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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WASHINGTON DC 20529

OFFICIAL USE

Postage	\$	\$2.50
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.30

0101

05

Postmark
Here

07/25/2007

Sent To Emilio T. Gonzalez / Director of the
United States Citizenship and Immigration Services
Street, Apt. No.,
or PO Box No. 20 Massachusetts Ave., NW
City, State, ZIP+4
Washington, DC 20529

PS Form 3800, August 2006

See Reverse for Instructions

7006 2150 0000 7134 2475

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Rosemary Melville District Director of the San Francisco Office United States Citizenship and Immigration Services 630 Sansome Street San Francisco, CA 94111 Re: Jeyanayagam V. Gonzales, et al.</p>		<p>B. Received by (Printed Name) <i>ASLVA</i> C. Date of Delivery <i>7-30-07</i></p>	
<p>2. Article Number (Transfer from service label) <i>7006 2150 0000 7134 2468</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Insured Mail</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

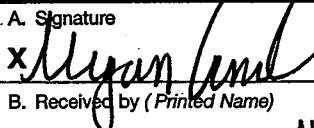
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9412 4ET2 0000 7134 2468

7006 2150 0000 0512 9002

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SAN FRANCISCO CA 94111		
OFFICIAL USE		
Postage	\$ 2.50	0101
Certified Fee	\$ 2.65	05
Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.30	
<p>Sent To <i>Rosemary Melville / District Director of the San Francisco District Office / United States Citizenship and Immigration Services</i></p> <p>Street, Apt. No., or PO Box No. <i>630 Sansome Street</i></p> <p>City, State, ZIP+4 <i>San Francisco, CA 94111</i></p>		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Honorable Michael Chertoff Secretary Department of Homeland Security Washington, DC 20528</p>		<p>B. Received by (Printed Name) C. Date of Delivery AUG - 3 2007</p>	
<p>2. Article Number (Transfer from service label) 7006 2150 0000 7134 2451</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Re: Jeyanayagam v. Gonzales, et al.</p>		<p>OFFICIAL CAPACITY ONLY</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

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WASHINGTON, DC 20528			
OFFICIAL USE			
Postage	\$ 2.50	0101	Postmark Here
Certified Fee	\$2.65	05	
Return Receipt Fee (Endorsement Required)	\$2.15		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 7.30	07/25/2007	
Re: Jeyanayagam v. Gonzales, et al			
Sent To Honorable Michael Chertoff / Secretary Street, Apt. No., or PO Box No. Department of Homeland Security City, State, ZIP+4 Washington, DC 20528			
PS Form 3800, August 2006		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u><i>Samuel P. Paken</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Honorable Alberto Gonzales United States Attorney General 950 Pennsylvania Ave., NW Washington, DC 20530</p>		<p>B. Received by (Print Name) <u>JUL 8 1 2007</u> C. Date of Delivery <u>2007</u></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Re: Jeyanayagam v. Gonzalez, et al.

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage	\$ 2.50	0101
Certified Fee	\$2.65	05
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 7.30	07/25/2007

Sent To Re: Jeyanayagam v. Gonzalez
Honorable Alberto Gonzales
 Street, Apt. No., or PO Box No. United States Attorney General
 City, State, ZIP+4 950 Pennsylvania Ave, NW
Washington, DC 20530

PS Form 3800, August 2006 See Reverse for Instructions

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Label/Receipt Number: **7006 2150 0000 7134 2437**Status: **Delivered**

Your item was delivered at 3:17 AM on July 30, 2007 in WASHINGTON, DC 20535.

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Enter Label/Receipt Number.

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For delivery information visit our website at www.usps.com		
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Postage	\$ 2.50	0101
Certified Fee	\$ 2.65	05
Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.30	07/25/2007
Re: Jayasagar v. Gonzalez, et al		
Sent To Robert Mueller, Director/Federal Bureau of Invest. Street, Apt. No.: J. Edgar Hoover Building or PO Box No. 935 Pennsylvania Avenue, N.W. City, State, ZIP+4 Washington, DC 20535		
PS Form 3800, August 2006		See Reverse for Instructions